

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 30, 2004.

Grace Alicea

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: January 30, 2004

James TENG, et al.

Confirmation No: 1539

Serial No: 09/823,062

Group Art Unit: 2171

Filed: March 30, 2001

Examiner: Le, U.

For: METHOD AND SYSTEM FOR PERFORMING ASYNCHORNOUS  
PREFORMATting IN A DATABASE SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

FEB 09 2004

Technology Center 2100

AMENDMENT

Sir:

In response to the Office Action dated November 4, 2003, please amend the above-identified application in the following manner:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 13 of this paper.

02/06/2004 DTESEM1 00000038 090460 09823062

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## TRANSMITTAL FORM

Attorney Docket No.

STL9-20000111US1/1959P

In re the application James TENG, et al.

Serial No: 09/823,062

Filed: March 30, 2001

Confirmation No: 1539

Group Art Unit: 2171

Examiner: Le, Uyen T.

For: METHOD AND SYSTEM FOR PERFORMING ASYNCHRONOUS PREFORMATTING IN A DATABASE SYSTEM

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<b>RECEIVED</b> FEB 09 2004 Technology Center 2100	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

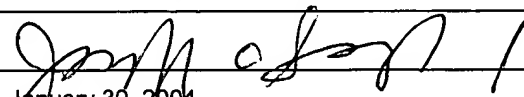
## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	30	27	3	\$18.00	\$ 54.00
Independent Claims	9	12	0	\$86.00	\$ 0.00
				Total Fees	\$ 54.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <u>54.00</u> to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of excess claims fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	January 30, 2004

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Type or printed name	Grace Alicea
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